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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Lebanon

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Lebanon which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $5,000,000 in general resources, subject to the availability of funds, and $12,500,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2)

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.1
U5MR (per 1,000 live births)	40
IMR (per 1,000 live births)	33
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1990)	95/90
Primary school enrolment (% net, male/female)	..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	94
Access to health services (%)	95
GNP per capita	a/

One-year-olds fully immunized against:

tuberculosis:	.. per cent
diphtheria/pertussis/tetanus:	92 per cent
measles:	88 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	.. per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Fifteen years of civil war have wreaked havoc on the economy and destroyed infrastructure for the delivery of basic services in Lebanon. However, the country has embarked on a process of healing and reconstruction in which the Government, the private sector, non-governmental organizations (NGOs) and individuals are all playing a part. The Government has initiated a reconstruction and development plan, "Horizon 2000", and the agencies of the United Nations, including UNICEF, are developing a country strategy note (CSN) that supports and complements this effort.

2. The private sector provides 85 per cent of health services. Some basic indicators, e.g. the infant mortality rate (IMR) and primary school enrolment rate, which worsened considerably during the war, have improved to pre-war levels, and Lebanon has succeeded in achieving most of the mid-decade goals. IMR and the under-five mortality rate (U5MR) have decreased by 9 and 7 per cent, respectively, since 1990, according to Ministry of Public Health. Acute respiratory infections (ARI) are the largest single cause of infant and child mortality and morbidity. Coverage for combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine increased from 82 per cent in 1990 to 92 per cent in 1994. Use of oral rehydration therapy rose from 45 to 82 per cent in the same period. Diarrhea-associated mortality has decreased remarkably to less than 1 per 1,000 cases, and morbidity due to diarrhea has been reduced by 30 per cent. Only one case of polio has been recorded since 1992. All salt available for human consumption is now iodized. There are differing estimates of the maternal mortality rate (MMR). According to the

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a/ Estimated to be lower-middle income ($726 to $2,895).

methodology recently adopted by UNICEF and the World Health Organization (WHO), MMR is 300 per 100,000 live births, although preliminary data from a very recent study conducted by the American University of Beirut estimate MMR at no higher than 60 per 100,000 live births. Significant disparities exist in underserved areas; 60 per cent of all under-five mortality occurs in the Beqa'a and the northern areas. In the district of Baalbeck/Hermel, 30 per cent of deliveries take place in small, poorly staffed and poorly equipped clinics, compared with 13 per cent nationwide. HIV and AIDS are emerging as public health problems.

3. Only 40 per cent of eligible children are enrolled in preschool. The primary school enrolment rate is above 95 per cent, with no evident gender disparity. However, about 30 per cent of children drop out before grade 10 and 70 per cent before completion of the secondary level. In the primary cycle, the repetition rate is 38 per cent, and 31 per cent of children are over age. Teaching methodologies are outmoded and supervision is poor. Some 73 per cent of all students attend private school.

4. Although the reconstruction and rehabilitation of the country's infrastructure have been progressing well, Lebanon is still vulnerable to military operations that affect the South, the Beqa'a valley and Beirut suburbs, as occurred in April 1996. Death, injury and displacement of many people put heavy pressure on basic services in communities. Some children suffer from physical disabilities and others from psychological disorders, including poor learning performance. Psychological stress afflicts children and adolescents exposed to armed conflict.

5. Even with considerable progress in the area of social development, some regions have fallen behind the rest of the country in terms of socio-economic development, including the North, Beqa'a, the South and the peri-urban areas around Beirut and Tripoli. Some 28 per cent of families live in poverty, of whom 75 per cent are in rural areas. About 450,000 people remain displaced. Some 53,000 children have physical and/or mental disabilities. A recent study estimated that child labour is increasing and that 64 per cent of working children surveyed are younger than 13 years of age. As a result of war, illegal immigration, displacement and impoverishment, and the number of street children, mostly in urban areas, are increasing. Women head 20 per cent of households.

PROGRAMME COOPERATION, 1992-1996

6. The 1992-1996 programme of cooperation helped to achieve the health-related mid-decade goals. These achievements became possible through the extensive use of strategies aimed at capacity-building and intensifying cooperation with NGOs and the private sector. Thus, the thrust of the programme evolved from emergency assistance towards development, while continuing to respond to emergencies as required. The Ministry of Public Health will assume responsibility for the provision of essential drugs from 1997. Changes in priorities and the shortage of supplementary funds contributed to lower than planned achievements in rehabilitating and equipping primary health care/maternal and child health (PHC/MCH) centres, with 25 centres strengthened. About 800 health NGO and government personnel - more than the target figure - were trained in subjects such as breast-feeding, immunization and health education. Baseline data were established for ARI, and training in case management was provided to ministry staff, NGOs and the private sector.

7. The role of the private sector has been significant. NGOs vaccinated more than 70 per cent of children targeted. Also, 12 out of 17 hospitals designated "baby-friendly" are private. All producers of iodized salt are also private companies.

8. A significant achievement has been the establishment of a water quality surveillance system covering all of Lebanon. As planned, a total of 57 projects were executed, which increased accessibility to water for 310,000 underserved persons, including returning displaced persons. Capacity-building of government personnel included training of 75 technicians on water quality testing and 40 mid-level technicians on routine operation and maintenance.

9. In the education for peace project, cooperation with NGOs promoted sustainability and mobilization of technical and financial resources. The education reform process began slowly and the pace quickened only in 1995. The lack of supplementary funding limited coverage to only one third of the students, and only 10 per cent of the target of primary school educators were trained. In contrast, the development of non-formal learning models and new learning materials were successful; the Global Education Initiative, for example, improved the quality of primary education by changing the content, style and method of the learning process, and coincided with the first steps for national education reform. The initiative became the approach for the National Education Plan, and the learning achievement project is now the model evaluation used for policy formulation. A complementary programme to upgrade learning achievement, developed in close coordination with the Centre for Educational Research and Development, provides a framework for monitoring progress towards education goals.

10. UNICEF advocacy helped to create a legislative proposal to increase the minimum age for juvenile work, to highlight the need for raising the age for compulsory education, to establish the Parliamentary Committee for the Rights of the Child and to produce a draft national programme of action and Lebanon's report to the Committee on the Rights of the Child. Some areas identified by the Committee for further improvement include pre-trial custody and legal protection.

Lessons learned

11. Training of both government agencies and NGOs helped to achieve the mid-decade goals. Cooperation with national and local NGOs was positive, although NGOs sometimes lacked experience and managerial skills. UNICEF and the Government will strengthen the role of NGOs for greater effectiveness and sustainability of their efforts. UNICEF supported cooperation between the private and the public sectors with, for example, medical and paramedical schools and associations, and in basic education, particularly in the framework of the Global Education Initiative and the learning achievement project. Integrated approaches, such as those combining water supply and sanitation activities with the control of diarrhoeal diseases (CDD) as components of the health programme, proved effective.

12. In the least developed regions, specially designed, community-oriented activities proved their value. This was particularly true for the successful work in immunization and CDD. Awareness-raising campaigns and the dissemination of knowledge and health education specifically addressed to women led to improvements in the numbers of children taken to immunization points or treated quickly for respiratory and diarrhoeal infections. Because national data for planning and monitoring are generally insufficient, a major requirement is to develop cost-effective national data collection and evaluation mechanisms for use by the Government, the private sector and NGOs.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Primary health care	300	298	296	294	292	1 480
Basic education	242	240	238	236	234	1 190
Basic social services/CEDC	140	138	136	134	132	680
Planning, monitoring and advocacy	208	206	204	201	198	1 017
Programme support	110	118	126	135	144	633
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Primary health care	914	810	705	600	494	3 523
Basic education	915	903	806	791	778	4 193
Basic social services/CEDC	826	814	728	715	706	3 789
Programme support	173	185	198	212	227	995
Subtotal	2 828	2 712	2 437	2 318	2 205	12 500
Total	3 828	3 712	3 437	3 318	3 205	17 500

Programme preparation process

13. Government partners, United Nations agencies and local and international NGOs were involved at various stages of the programme process, including the mid-term review and strategy and sectoral meetings. Briefing and working sessions on the draft country programme took place with local representatives of donor Governments and Executive Board members. The Executive Board's comments on the country note were helpful in redefining the scope of the programme, which continues to pay special attention to underserved areas and populations.

Objectives and strategy

14. The objectives and strategies of the new country programme comprise: (a) national interventions, including health, education and activities related to the Convention on the Rights of the Child and children in especially difficult circumstances (CEDC). The strategies will focus on the human dimension of development, with an emphasis on training designed to enhance the planning and technical capacity of the Government and NGOs, particularly in gender-sensitive planning; (b) area-focused and multisectoral interventions targeted at underserved rural areas, particularly in the North, the Beqa'a, the South and peri-urban areas around Beirut and Tripoli, and at displaced populations and the areas with difficult security conditions; and c) and cross-cutting interventions, including advocacy and social mobilization.

Primary health care

15. The objectives of the PHC programme are to: (a) nationally, reduce IMR and U5MR from 33 to 27 and from 40 to 33 per 1,000 live births, respectively, by 2001; and (b) in underserved areas, reduce IMR and U5MR from 60 to 50 and 75 to

60 per 1,000 live births, respectively. The PHC programme will consist of three projects, for MCH, the expanded programme on immunization (EPI) and ARI. The overall strategy at the national level will be capacity-building through the development of training packages and pre- and in-service training of government and NGO health personnel. Technical and logistical support will assist the Government in strengthening its health information system, which is vital for more effective planning, monitoring and evaluation processes. New areas of health will be targeted, notably adolescent and youth health and behavioural patterns affecting health.

16. The MCH project will focus on capacity-building for the Government and NGOs through pre- and in-service training of about 1,000 health personnel. About 150 midwives will be trained in safe motherhood practices and referral of at-risk mothers. Basic equipment and supplies will be provided to 50 health centres and small rural hospitals in underserved areas. Limited interventions focusing on prevention and the rational use of drugs for diarrhoeal diseases and ARI case management will also be addressed through the MCH project. Multi-channel information, education and communication (IEC) campaigns and active mobilization will encourage mothers in high-risk areas and groups to use MCH services and become active seekers of prenatal care. The communications component of this project will provide information to young people on high-risk behaviour, accidents and AIDS through health education using formal and non-formal channels.

17. The EPI project will aim to: (a) bring immunization coverage in districts with low levels up to 90 per cent and sustain that level; and (b) sustain the elimination of neonatal tetanus in underserved areas, eradicate polio by the year 2000 and virtually eliminate measles by 2001. UNICEF will help to consolidate and sustain past progress and support the Ministry of Public Health as it gradually becomes responsible for all costs and assumes full responsibility for project implementation. UNICEF will concentrate on social mobilization efforts, particularly during national immunization days, and in underserved areas with low immunization coverage.

18. The ARI project will aim to reduce deaths from ARI in underserved districts by 15 per cent through communications efforts designed to increase parental recognition of danger signs; training of government and NGO health providers; prescribing correct treatment; and improving the referral system, including MCH services. Cooperation will be sought with professional medical associations to support adherence to correct ARI case management. IEC materials directed at parents for correct home management of ARI will be produced and disseminated.

19. General resources will be used for training, technical assistance, data collection, programme support and essential service delivery interventions in underserved areas. Supplementary funds will be used for increased service delivery and supply of vaccines, essential drugs and basic equipment to basic health facilities in areas of risk.

Basic education

20. The objectives are to: (a) increase net primary school enrolment in public schools by 8-10 per cent in the underserved areas; and (b) achieve 80 per cent national completion of basic education. The programme strategy includes supporting national capacities to improve the quality of education through curricular reform and dissemination, and improving data collection and analysis as a tool for planning and monitoring; and reducing disparities in access to basic education by targeting underserved areas and populations. The intention is to provide children with the skills and knowledge to overcome difficulties particular to post-war Lebanon, including stress management and

constructive problem-solving, so that they can participate in the development of their nation in an increasingly global environment. The education programme will be composed of three projects described below.

21. The global learning project aims to improve the quality of education and improve the learning process by targeting content and methodology; training teachers, principals, inspectors and social workers in interactive methodologies; and developing formal and non-formal activity modules that reflect social and peace values to enhance life skills, learning competencies and defuse stress.

22. The education management information system project (EMIS) project will enhance the management and supervisory skills of decision makers, particularly at the peripheral level. The data to be collected will be used at all levels to improve the quality and efficiency of education management, to develop performance indicators for the decade goals and to design appropriate programmes to reduce over-age, repetition and drop-out rates by one half. The project will target the disadvantaged population in urban and peripheral areas by focusing on the public education system, which serves the less privileged and poor population; the private sector will be mobilized to act as a catalyst to improve quality.

23. To be implemented in cooperation with the Ministry of Social Affairs, the early childhood development (ECD) project will help to define standards for quality and skill requirements and train 80 per cent of caregivers in institutions run by the Ministry and NGOs, particularly in underserved areas. An essential feature of the project is outreach to parents to improve their knowledge, attitudes and home care skills.

24. Within the global learning and EMIS projects, priority will be given to training and to essential service delivery in underserved areas. If supplementary funds become available, it will become possible to increase the coverage of essential services in the underserved areas.

Basic social services - children in especially difficult circumstances

25. The main objectives of the programme are to: (a) assist the integration of sectoral interventions aimed at underserved groups; and (b) help assess the scope and magnitude of problems faced by children in especially difficult circumstances, and assist in the planning and development of appropriate interventions; and • promote mainstreaming of gender-sensitive planning and the participation of women.

26. The strategy is to achieve synergy through integration of sectoral services, particularly in underserved areas and among underserved groups, and to enhance community participation. An important element is the linkage with other agencies involved in the Basic Services Task Force that is responsible for follow-up to the World Summit for Social Development. The network of centres run by the Ministry of Social Affairs will address integrated service delivery, the development of local capacities and an increased community role in decision-making. This will serve to intensify and integrate interventions targeted to high-risk areas, including those conducted by NGOs. UNICEF will support local capacity-building for planning and coordination, including training.

27. There is a lack of basic data concerning children in especially difficult circumstances; it is necessary to quantify and analyse the problems, especially for children with disabilities, children who are victims of abuse and exploitation, and abandoned, displaced, street and working children. This

information will help the Ministry of Social Affairs, sectoral ministries and NGOs to plan appropriate preventive and rehabilitative projects. The start of CEDC activities will depend on the availability of supplementary funds, and will be carried out in close coordination with the Ministry and NGOs active in this area. Actual CEDC interventions will follow, subject to the availability of supplementary funds.

28. As follow-up to the Fourth World Conference on Women, specific activities; including the disaggregation of data by gender and expanding baselines on Lebanese women and girls, will identify priority areas and develop appropriate courses of action for the Government and NGOs. Of major concern are female-headed households and income-generation skills for women in underserved areas and populations. While some general resources will support start-up activities, UNICEF support to the implementation of these activities will be subject to the availability of supplementary funds.

Planning, monitoring and advocacy

29. The objectives of this effort are to: (a) maintain a focus on children and women among political leaders and decision makers, particularly with respect to the Convention on the Rights of the Child; and (b) support social mobilization to facilitate project objectives in health, education and social services. The operational alliance with the Parliamentary Committee for the Rights of the Child and the Higher Council for Childhood will be intensified to facilitate the implementation, monitoring and reporting on the Convention on the Rights of the Child. By sensitizing public opinion and lobbying with decision makers, advocacy measures will aim to achieve, for example, the ratification by Lebanon of the Convention on the Elimination of All Forms of Discrimination Against Women.

30. The production of audio-visual materials in support of ongoing activities in MCH, EPI and ARI that have proved successful in the past will continue. The same efforts will be made to promote global learning and ECD, as well as the new programme targeting children in especially difficult circumstances. Successful investment in training will be continued for television, radio and press workers, with the purpose not only of producing relevant messages and materials, but also of empowering children and women, particularly in underserved communities.

Cooperation with other agencies and donors

31. Cooperation will be pursued with the member agencies of the Joint Consultative Group on Policy; the International Labour Organisation; the United Nations Educational, Scientific and Cultural Organization; WHO; NGOs; donors and local representatives of Executive Board members. Within the frameworks of the CSN exercise and follow-up to international conferences, the complementarity of roles and the coordination of activities has been agreed upon with such partners as the United Nations Development Programme, the United Nations Population Fund, Save the Children Fund, Terre des Hommes and the two major federations of national NGOs. Partners and donors will be involved in periodic reviews, field visits and formal evaluations.

Fund-raising

32. The UNICEF task force on fund-raising will be enlarged to encompass representatives of the Government, the private sector and other development agencies. More resources for human development and basic services will be pursued through the 20/20 initiative.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LEBANON
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	1,480			1,480	0	0	0	0	0	0	0	1	1	2	0.0	369.4	369.4
BASIC EDUCATION	1,190			1,190	0	0	0	0	0	0	0	1	0	1	0.0	222.4	222.4
BASIC SOCIAL SERVICES/CEDC	680			680	0	0	0	0	0	0	0	1	0	1	0.0	222.4	222.4
PLANNING, MONITORING AND ADVOCACY	1,017			1,017	0	0	0	0	0	0	0	0	1	1	0.0	124.5	124.5
PROGRAMME SUPPORT	633			633	0	0	0	0	0	0	0	1	4	5	0.0	515.1	515.1
TOTAL GR	5,000			5,000	0	0	0	0	0	0	0	4	6	10	0.0	1,453.8	1,453.8
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	3,523	3,523	0	0	0	0	0	0	0	1	1	2	0.0	289.7	289.7
BASIC EDUCATION		0	4,193	4,193	0	0	0	0	0	0	0	0	2	2	0.0	251.1	251.1
BASIC SOCIAL SERVICES/CEDC		0	3,789	3,789	0	0	0	0	0	0	0	0	2	2	0.0	225.2	225.2
PLANNING, MONITORING AND ADVOCACY		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	995	995	0	0	0	0	0	0	0	0	7	7	0.0	702.6	702.6
TOTAL SF		0	12,500	12,500	0	0	0	0	0	0	0	1	12	13	0.0	1,468.6	1,468.6
TOTAL GR & SF	5,000	0	12,500	17,500	0	0	0	0	0	0	0	5	18	23	0.0	2,922.4	2,922.4
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			1,387.0													
	Staffing				0	0	1	1	1	0	3	1	6	10	2,511.4	1,019.9	3,531.3
GRAND TOTAL (GR+SF+ADM)					0	0	1	1	1	0	3	6	24	33	2,511.4	3,942.3	6,453.7
Number of posts and staff costs:																	
Current programme cycle											3	8	26	37			
At the end of proposed programme cycle (indicative only)											3	6	24	33	2,511.4	3,942.3	6,453.7

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.